aroused inhibitory effect; therefore, instead of a prolonged contraction, a new cycle of relaxation, diastolic pause, and consequent contraction takes place. In other words, the consequence of each contraction is a cycle of relaxation, diastolic pause and contraction. Thus each heart beat generates its subsequent diastole and systole, and we may therefore say that the beats of the heart are regulating their own rhythm.

In conclusion, Dr. Meltzer said that his theory of the self-regulation of the beat of the heart is similar, in the main points, with his theory of the self-regulation of respiration, which he has described elsewhere. Here, as well as there, we have the antagonism between inhibition and contraction; here, as well as there, the inhibition prevails during the stimulation, while the contraction over-lasts in the period of the after-effects; here, as well as there, the pause corresponds to the shortened inhibitory after-effect, and here, as well as there, the stimulus is a mechanical one, produced by the natural function of the acting organ; here it is the contraction of the heart; there it is the expansion of the lungs. Certainly neither of these theories suffer by their mutual resemblance.

After some remarks by Drs. SACHS and COLLINS, the Society passed a vote of thanks to Dr. Meltzer for his excellent paper.

A Resolution was adopted by the Society, respectfully requesting Governor Flower to grant his approval of the measure passed by the Legislature providing for the establishment of an Epileptic Colony in Livingston County, N. Y.

PHILADELPHIA NEUROLOGICAL SOCIETY.

Stated Meeting, April 24, 1893.

The President, Dr. CHARLES K. MILLS, in the chair.

Dr. WM. J. TAYLOR, presented

A CASE OF DEFORMITY OF LEFT FOOT IN A CHILD ELEVEN MONTHS OF AGE.

The family history is perfectly good in every respect, d except the deformity of the left foot, for which she brought here to-night, she is in perfect condition.

As is seen, the left foot is much enlarged, not only in length, but in bulk, especially the anterior portion.

The first, second and third toes are much enlarged, from five to six times their natural size. This is especially marked in the second toe, which is much longer and thicker than the first toe. This enlargement includes both the phalanges and soft parts and the metatarso, phalangeal articulation as well.

She came some six weeks ago to the Orthopedic Dispensary of the University Hospital.

The mother says the deformity existed at birth, but has increased very much within the past few months, but no increase since first seen. There is no pain or discomfort whatever.

The doctor never had seen such a deformity before, and he brought her here to-night in the hope that some member of the society may aid him in his efforts to form a diagnosis.

DISCUSSION.

DR. FRANCIS X. DERCUM.—I can speak of this case only in a negative way. We have all of us recently been interested in dystrophies and especially in acromegaly, and the question naturally suggests itself whether or not this is a case of that character, perhaps irregular in type. I think, however, we must dismiss the suspicion of acromegaly. We have here a local deformity, and one that is limited to a subdivision of one extremity, while in acromegaly all the extremities are more or less enlarged, and the enlargement is uniform in all directions except in length.

No one has suggested an explanation of these peculiar deformities which are exceedingly rare. The only case that I recall at present is one reported by an Indian medical officer some years ago, in which a child had one toe as large as the adult finger while the other toes were of normal size. As regards the pathology of these cases we can only speculate. If there be such things as trophic centres, as there is every reason to believe, it may be that future investigations will show some deformity in the centres which govern the growth of the affected part.

DR. J. MADISON TAYLOR.—In a more than usually large experience in diseases of children, I never saw a similar deformity but once. This was a patient of the late Dr. Hayes Agnew, and I made drawings from life at his request, which are still in my possession, and should have been exhibited to-night as the conditions are strikingly analogous. The left foot, as here, was involved. The second and third toes had united in a solid mass to the very ends, making one huge toe, but with two nails, and projected nearly an inch beyond the normal limits. If my memory serves me this double toe had one jointless bone appearing like two bones cemented together, even as a double-barrelled gun.

In many points it closely resembled the case my brother exhibited to-night. Dr. Agnew removed these by amputation.

Dr. J. K. MITCHELL presented

A CASE OF LOCAL CATALEPSY. AN UNDESCRIBED NERVOUS DISORDER, PROBABLY HYSTERICAL IN NATURE.

The following very curious case I believe to be one of an entirely undescribed disorder, for which, in want of a sufficiently descriptive name, I have suggested the title of "local catalepsy," although this does not cover all the symptoms. The patient, a hearty girl of seventeen, a native of this state, was seen March 28th, and had every appearance of perfect health. Her left hand was two or three times, in December, 1891, and thereafter, suddenly weak, dropping the articles it held. A slight cut of a knife at the base of the left thumb in July, 1892, was followed by symptoms out of proportion to the injury, and suggesting the possibility of a local poisoning. The whole hand swelled, ached and grew red and hot, and an abscess discharged in the region of the wound. After this the fingers gradually became stiff and assumed the condition described below, in which they have ever since remained. The fingers are about one-fourth flexed, the ulnar fingers slightly adducted, the fourth lying a little on the palmar surface of the third, the thumb in contact with the palmar surface of the index, a posture which, I shall call for brevity "the obstetric attitude."

The wrist has voluntary motion; the fingers none. Even when it shares, as sometimes happens, in the rigidity of the fingers, it still can be moved at will. The fingers may be passively placed in any position, and will retain it indefinitely. They are passively moved with great difficulty, against a constant waxy or rather lead-